

## Medicare Benefits per the 2023 Medicare & You Handbook and The State of Delaware's Special Medicfill Plan Benefits

The chart below represents the list of benefits covered by Medicare, categorized as Part A and Part B services as described in the **2023 Medicare & You** handbook. For each service, the chart includes coverage provided by Medicare, the coverage provided by the State of Delaware's Special Medicfill plan, and the subscriber cost share.

### Medicare and COVID-19\*

For the most up to date information regarding Medicare's coverage of COVID-19 vaccines, testing and treatment, please visit [Medicare.gov/medicare-coronavirus](https://www.medicare.gov/medicare-coronavirus). You may also refer to page 37 of the **2023 Medicare & You** handbook.

\*Note: Coverage could change when the public health emergency ends.

For more information about the benefits covered by Medicare, the subscriber may refer to **Section 2 – Find Out if Medicare Covers Your Item or Service** of the **2023 Medicare & You** handbook. The electronic copy of the handbook is available at: <https://www.medicare.gov/pubs/pdf/10050-medicare-and-you.pdf>

**MEDICARE PART A and SPECIAL MEDICFILL BENEFITS TABLE**

Service:	Medicare Pays:	Special Medicfill Pays:	Subscriber Pays:
<b>Inpatient Hospital Care</b>			
• Days 1-60	All but the Part A deductible.	The Part A deductible	Nothing
• Days 61-90	All but a fixed coinsurance amount	The fixed coinsurance amount	Nothing
• Days 91-150	Nothing	All covered inpatient costs. Pays the coinsurance amount if lifetime reserve days are used	Nothing
• Days 151-365	Nothing	All covered inpatient costs. Pays the coinsurance amount if lifetime reserve days are used	Nothing
<b>Inpatient Skilled Nursing Facility (SNF) Care</b>			
• Days 1-20	100% of allowed charges	Nothing	Nothing
• Days 21-100	All but a fixed coinsurance amount	The fixed coinsurance amount	Nothing
<b>Hospice</b>			
• Hospice – Home Care (or I/P or SNF care when medically necessary)	100% of allowed charges	Nothing	Nothing

<ul style="list-style-type: none"> <li>I/P Respite Care – 5 days maximum</li> </ul>	All but 5% of the Medicare approved amount	5% of the Medicare approved amount	Nothing
Home Health Care	100% of allowed charges	Nothing	Nothing
Blood	100% of allowed charges after first 3 pints in any benefit year	Nothing	First 3 pints of blood in any benefit year

### MEDICARE PART B and SPECIAL MEDICFILL BENEFITS TABLE

**Note: There's a deductible for Part B services that is separate from the Part A deductible.**

Service:	Medicare Pays:	Special Medicfill Pays:	Subscriber Pays:
<b>Preventive Services</b>			
<ul style="list-style-type: none"> <li>Abdominal aortic aneurysm screening (One-time, as part of the "Welcome to Medicare" preventive visit)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<ul style="list-style-type: none"> <li>Advance Care Planning (can also be covered as part of your medical treatment)</li> </ul>	100% of allowed charges, no deductible—when this service isn't part of your "Wellness" visit, the Part B deductible and coinsurance apply	Nothing	Nothing
<ul style="list-style-type: none"> <li>Alcohol Misuse Counseling (One screening, and up to 4 brief counseling sessions per year)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<ul style="list-style-type: none"> <li>Bone Density Screening (every 24 mos)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<ul style="list-style-type: none"> <li>Breast Cancer Screening (Mammograms - women age 40 &amp; older; one baseline b/w ages 35-39 years)</li> </ul>	100% of allowed charges, with no deductible for annual mammograms for women age 40 and over	Nothing	Nothing

<ul style="list-style-type: none"> <li>Cardiovascular disease (behavioral therapy) – One visit per year with primary doctor</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<ul style="list-style-type: none"> <li>Cardiovascular Screenings (lab tests – every 5 years)</li> </ul>	100% of allowed charges, no deductible. 80% of allowed after the Part B deductible for the associated doctor's visit	When Medicare pays, this plan covers the Medicare Part B deductible and 20% coinsurance for associated doctor's visit	Nothing
<ul style="list-style-type: none"> <li>Cervical and Vaginal Cancer Screening –Pap Smear Only (every 24 mos. except for high risk - annually)</li> </ul>	100% of allowed charges, with no deductible requirement for Pap smears once every 24 months for women at average risk, and once every twelve months for women at high risk. 80% of allowed after the Part B deductible for the associated doctor's visit	When Pap smears for cancer screening are covered by Medicare, this plan pays nothing. When not covered by Medicare, this plan will pay 100% of our allowable charge for a Pap Smear every 12 months	Nothing
<ul style="list-style-type: none"> <li>Cervical and Vaginal Cancer Screening - Pap Collection, Pelvic Exams and Breast Exams</li> </ul>	100% of allowed charges, with no Part B deductible requirement, for Pap smears once every 24 months for women at average risk, and once every twelve months for women at high risk.	Nothing	Nothing
<b>Colorectal Cancer Screenings:</b>			
<ul style="list-style-type: none"> <li>Multi-target Stool DNA test (Ages 50-85 once every three years if meets criteria)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<ul style="list-style-type: none"> <li>Blood-based biomarker test (Ages 50-85 once every three years if meets criteria)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing

<ul style="list-style-type: none"> <li>Occult Blood (50+: annually)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<ul style="list-style-type: none"> <li>Sigmoidoscopy (50+: every 48 mos., or 120 after previous screening colonoscopy for those not at high risk)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<ul style="list-style-type: none"> <li>Colonoscopy (once every 120 months unless at high risk for colon cancer; then once every 24 months.)</li> </ul>	Routine: 100% of allowed charges, no deductible Non-Routine: 80% of allowed charges, no deductible, if polyp or other tissue is removed.	Routine: Nothing Non-Routine: 20%	Nothing
<ul style="list-style-type: none"> <li>Barium Enema (50+: once every 48 mos. instead of colonoscopy or sigmoidoscopy)</li> </ul>	80% of allowed charges, no deductible.	20%	Nothing
<ul style="list-style-type: none"> <li>Depression Screening (annual in a primary care setting)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<ul style="list-style-type: none"> <li>Diabetes Screening (up to twice per year)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<ul style="list-style-type: none"> <li>Diabetes Self-Management Training</li> </ul>	80% of allowed charges after the deductible for covered services.	Part B deductible, then 20%	Nothing for covered services
<ul style="list-style-type: none"> <li>Flu Shots (annual)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<ul style="list-style-type: none"> <li>Glaucoma Tests (annual for high risk)</li> </ul>	80% of allowed charges after deductible	Part B deductible, then 20%	Nothing

• Hepatitis B Shots	100% of allowed charges, no deductible	Nothing	Nothing
• Hepatitis C Screening Test	100% of allowed charges for persons at risk	Nothing	Nothing
• HIV Screening (annually)	100% of allowed charges, no deductible	Nothing	Nothing
• Lung Cancer Screening • (Annually for adults age 55-77 years with 30 pack/year smoking history and currently smokes or quit within the past 15 years.	100% of allowed charges, no deductible	Nothing	Nothing
• Medical Nutrition Therapy Services	100% of allowed charges, no deductible provided the diagnostic criteria is met.	Nothing	Nothing
• Obesity Screening and Counseling	100% of allowed charges, no deductible for persons with a body mass index (BMI) of 30 or more.	Nothing	Nothing
• Pneumococcal Shot	100% of allowed charges, no deductible for one shot per lifetime.	Nothing	Nothing
• Prostate Cancer Screenings	PSA test: 100% of allowed charges, no deductible  Digital rectal exam: 80% of allowed charges after the deductible	PSA: Nothing  DRE: Part B deductible, then 20%	Nothing

<ul style="list-style-type: none"> <li>Sexually Transmitted Infection (STI) Screening and Counseling</li> </ul>	Covered once per 12 months for person who are pregnant or at an increased risk for a STI. Medicare also covers up to two individual 20-30 minute counseling sessions for sexually active adults at increased risk for STI's	Nothing	Nothing
<ul style="list-style-type: none"> <li>Tobacco Cessation (without diagnosis of tobacco related illness)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<ul style="list-style-type: none"> <li>Welcome to Medicare Preventive Visit (within 12 mos. of enrollment)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<ul style="list-style-type: none"> <li>Yearly Wellness Visits</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<b>Other Part B Services</b>			
<ul style="list-style-type: none"> <li>Acupuncture for back pain</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Ambulance</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Ambulatory Surgical Centers</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Behavioral Health Integration Services</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Blood</li> </ul>	100% of allowed charges after first 3 pints in any benefit year.	Nothing	First 3 pints of blood in any benefit year
<ul style="list-style-type: none"> <li>Cardiac Rehabilitation</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Chemotherapy</li> </ul>	80% of allowed charges, no deductible	20%	Nothing
<ul style="list-style-type: none"> <li>Chiropractic Services (limited to correction of subluxation of the spine)</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing

• Chronic Care Management Services	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Continuous Positive Airway Pressure (CPAP therapy)	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Clinical Research Studies	80% of allowed charges; the deductible may apply	If applicable, the Part B deductible, then 20%	Nothing
• Cognitive assessment and care plan services	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Defibrillator (Implantable Automatic)	80% of allowed charges after the deductible for covered services	Part B deductible, then 20%	Nothing
• Diabetes Equipment & Supplies & Therapeutic	80% of allowed charges after the deductible for covered services	Part B deductible, then 20%	Nothing for covered services
• Doctor and Other Health Care Provider Services	80% of allowed charges after the deductible for covered services	Part B deductible, then 20%	Nothing for covered services
• Durable Medical Equipment	80% of allowed charges after the deductible for covered services	Part B deductible, then 20%	Nothing for covered services
• EKG (once for screening; otherwise diagnostic)	80% of allowed charges, no deductible	20%	Nothing
• Emergency Department Services	80% of the allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Eyeglasses (limited to one pair glasses or contacts after cataract surgery with implanted lens)	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Federally-Qualified Health Center Services	80% of allowed charges 100% of allowed charges, no deductible for most preventive services	20% or nothing for preventive services	Nothing

• Foot Exams and Treatment	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Hearing and Balance Exams	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Home Health Services (doctor ordered care with a Medicare-certified provider)	100% of allowed charges, no deductible	Nothing	Nothing
• Kidney Dialysis Services and Supplies	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Kidney Disease Education Services	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Laboratory Services	100% of allowed charges, no deductible	Nothing.	Nothing
• Mental Health Care (Outpatient)	Diagnosis: 80% of allowed charges after the deductible	Part B deductible, then: 20%	Nothing
• Occupational Therapy	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Opioid use Disorder Treatment Services	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Outpatient Hospital Services	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Outpatient Medical and Surgical Services and Supplies	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Physical Therapy	80% of allowed charges after the deductible (limits may apply)	Part B deductible, then 20%	Nothing
• Prescription Drugs (limited)	80% of allowed charges after the deductible for certain drugs.	Part B deductible, then 20%	Nothing
• Prosthetic/Orthotic Items	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing



• Pulmonary Rehabilitation	80% of allowed charges after the deductible in a doctor's office. A copayment applies in a	Part B deductible, then 20%	Nothing
• Rural Health Clinic Services	80% of allowed charges after the deductible;  Preventive Care: 100% of allowed charges , no deductible	Part B deductible, then 20% ;  Preventive Care: Nothing	Nothing
• Screening, Brief Intervention & Referral to Treatment	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Second Surgical Opinions	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Speech-Language Pathology Services	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Surgical Dressing Services	80% of allowed charges after the deductible in a doctor's office. A copayment applies in a hospital setting.	Part B deductible, then 20%	Nothing
• Telehealth (limited) & other virtual visits—E-Visits and Virtual Check-ins	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
• Tests (other than lab tests)	80% of allowed charges after the deductible for x-rays, MRIs, CT scans, EKGs and some other diagnostic tests. A copayment may apply in hospital setting.	Part B deductible, then 20%	Nothing
• Tobacco Use Cessation Counseling (with diagnosis of tobacco-related illness)	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing

<ul style="list-style-type: none"> <li>Transitional Care Management Services</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Transplants and Immunosuppressive Drugs</li> </ul>	80% of allowed charges after the deductible for eligible transplants in a Medicare-certified facility	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Travel (health care needed when traveling outside the United States)</li> </ul>	Medicare generally doesn't cover medical care while you're traveling outside the U.S. or its territories and possessions. If emergency care is needed and covered, payment is 80% of allowed charges after the deductible	Out of country Surgical medical benefits: For services outside the U.S. which are covered by Medicare BCBSD will pay the Medicare Part B deductible and 20% coinsurance. Benefits for services outside the U.S. not paid by Medicare are covered at 20% of the BCBSDE traditional RBRVS allowable, if these services are defined as coverable under Medicare policy guidelines	Nothing for services covered by Medicare. 80% for services not covered by Medicare but defined as coverable under Medicare policy guideline
<ul style="list-style-type: none"> <li>Urgently-Needed Care</li> </ul>	80% of allowed charges after the deductible. A copayment applies in a hospital setting.	Part B deductible, then 20%	Nothing